

# How to Fill Out New Employee Forms

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Form: I-9 Employment Eligibility Verification, W4, WH-4 County  
Withholding & Payroll Direct Deposit

**2015**





## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

## USCIS Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

# FORM I-9 Employment Eligibility Verification

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Email Address			Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode  
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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### Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP

Employer Completes Next Page

STOP

- This form is used to document that each new employee (both citizen and noncitizen) is authorized to work in the United States.



# 1-9 Section 1



## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

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**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number	
	<input type="text"/>		<input type="text"/>		<input type="text"/>	

- **Please complete and sign** the highlighted portion of Section 1. Use your **legal name** as it appears on your Social Security Card, driver's license, and/or passport.



# Form I-9 Continued

- As a new employee you will be expected to complete section 1 of Form I-9 on the first day of employment or before.
- You must also provide original, unexpired documentation to support Form I-9 within four business days. Photocopies of documents is not acceptable. The next slide details the list of acceptable documents you may provide.



**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

# I-9 Documents

- If you chose a document from LIST B, you **must** provide a current photo ID
- Employee must supply either *one* document from List A; **OR** two documents: *one* from List B **AND** *one* from List C.



# I-9, Section 2 continued

- **Do not** fill out any part of this section
- The employing officer must complete and sign this section.

## Section 2. Employer or Authorized Representative Review and Verification

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title:				



## Form W-4 (2015)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exemptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4, Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/wf](http://www.irs.gov/wf).

### Personal Allowances Worksheet (Keep for your records.)

<p><b>A</b> Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .</p> <p><b>B</b> Enter "1" if:               • You are single and have only one job; or               • You are married, have only one job, and your spouse does not work; or               • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . .</p> <p><b>C</b> Enter "1" for your <b>spouse</b>. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .</p> <p><b>D</b> Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .</p> <p><b>E</b> Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .</p> <p><b>F</b> Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .</p> <p><b>G</b> <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.               • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children. . . . .               • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</p> <p><b>H</b> Add lines A through G and enter total here. (<b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶</p>	<p><b>A</b> _____</p> <p><b>B</b> _____</p> <p><b>C</b> _____</p> <p><b>D</b> _____</p> <p><b>E</b> _____</p> <p><b>F</b> _____</p> <p><b>G</b> _____</p> <p><b>H</b> _____</p>
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For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2015</b>
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

# Form W-4 Federal Withholding

- Complete Form W-4 so your employer can withhold the correct federal income tax from your pay.





# W-4, Lines 1-10

- Employee should complete and ***sign*** this worksheet referring to the instructions as needed.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> ▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2015</b>	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5	
6 Additional amount, if any, you want withheld from each paycheck				6	\$
7 I claim exemption from withholding for 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, and</li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. ▶				7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2015)





# WH-4, State & County Withholding



Form WH-4  
State Form 48845  
(R2 / 8-08)

## State of Indiana

### Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.

The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

#### How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" \_\_\_\_\_

**Nonresident aliens** must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" \_\_\_\_\_

3. You are allowed one (1) exemption for each dependent. Enter number claimed \_\_\_\_\_

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or

(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older ☐ or blind ☐ Spouse is 65 or older ☐ or blind ☐

Enter the total number of boxes checked \_\_\_\_\_

5. Add lines 1, 2, 3, and 4. Enter the total here \_\_\_\_\_ ▶

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions).....▶

7. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... \$ \_\_\_\_\_

8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$ \_\_\_\_\_

I hereby declare that to the best of my knowledge the above statements are true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Complete Form WH-4 so your employer can withhold the correct state & county income tax from your pay.



# WH-4, continued

- If you were not employed or not a Indiana resident—for county of residence, fill in with “not applicable (n/a)” as show in the instructions below as of Jan. 1<sup>st</sup>



Form WH-4  
State Form 48845  
(R2 / 8-08)

State of Indiana

## Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.  
The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

### Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you did not live or work in Indiana on January 1 of the current year, enter "not applicable" on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.



# Payroll Direct Deposit



AUDITOR OF STATE  
PAYROLL DIRECT DEPOSIT  
State Form 43591 (R12 / 10-06)  
Approved by Auditor of State, 2006  
Approved by State Board of Accounts, 2009

## INFORMATION AND INSTRUCTIONS:

1. You may elect up to two (2) direct deposit accounts and must have a primary direct deposit account in order to have a secondary direct deposit account.
2. If you choose to only have one (1) direct deposit account then you will only need to fill out the PRIMARY DIRECT DEPOSIT form below.
3. If you choose to have two (2) direct deposit accounts you will need to fill out both the primary and secondary forms and you must enter a dollar amount or a percentage on the secondary direct deposit form.
4. If you already have a primary direct deposit account on file with the Auditor's Office, then you only need to complete the secondary direct deposit form.
5. Fill out the employee's portion, attach a voided check, or have your financial institution fill out its portion.
6. Check the type of account - checking or savings.
7. Sign and date the form(s) and return the entire sheet to: Auditor of State, 200 W. Washington St., Rm. 144, Indianapolis, IN 46204.
8. In the event that you already have a second direct deposit and are only changing the dollar or percentage amount, it is not necessary for the financial institution to sign this form.

☐ Please check this box if you receive your payroll via direct deposit at a U.S. bank and then have the entire payroll amount automatically forwarded to a bank in another country.

## PRIMARY DIRECT DEPOSIT

Name (last, first, middle initial)		Check one <input type="checkbox"/> Add <input type="checkbox"/> Change	Agency name or level 2
Address (number and street, city, state, and ZIP code)		Social Security Number	
<b>THIS SECTION IS TO BE FILLED IN BY THE FINANCIAL INSTITUTION IN WHICH THE EMPLOYEE'S ACCOUNT IS LOCATED.</b>			
NOTE: The Financial Institution must be a member of the Automated Clearing House System and must be able to handle direct deposits by electronic transfer.			
ABA trans-routing number (9 digits)	Employee's depository account number	Type of account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of financial institution		Address of financial institution (city, state, and ZIP code)	
Signature of officer	Title of officer	Date signed (month, day, year)	
<b>THIS SECTION TO BE READ AND SIGNED BY THE EMPLOYEE</b>			
I hereby authorize the Auditor of State to deduct from my pay each payday an amount equal to my net pay to be electronically transferred to my account described above. I have read the conditions printed on both sides of this form and agree to them.			
Signature of employee		Date signed (month, day, year)	

## SECONDARY DIRECT DEPOSIT

Name (last, first, middle initial)		Check one <input type="checkbox"/> Add <input type="checkbox"/> Change	Agency name or level 2
Address (number and street, city, state, and ZIP code)		Amount \$ or %	Percent Social Security Number
<b>THIS SECTION IS TO BE FILLED IN BY THE FINANCIAL INSTITUTION IN WHICH THE EMPLOYEE'S ACCOUNT IS LOCATED.</b>			
NOTE: The Financial Institution must be a member of the Automated Clearing House System and must be able to handle direct deposits by electronic transfer.			
ABA trans-routing number (9 digits)	Employee's depository account number	Type of account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Name of financial institution		Address of financial institution (city, state, and ZIP code)	
Signature of officer	Title of officer	Date signed (month, day, year)	
<b>THIS SECTION TO BE READ AND SIGNED BY THE EMPLOYEE</b>			
I hereby authorize the Auditor of State to deduct from my pay each payday the amount or percent indicated on this form to be electronically transferred to my account described above. I have read the conditions printed on both sides of this form and agree to them.			
Signature of employee		Date signed (month, day, year)	

- This form authorizes the Auditor of State to directly deposit your pay by electronic transfer to a financial institution identified by the employee.

- You may elect up to two (2) accounts for direct deposit.

- Persons electing two (2) accounts must fill in the Primary and Secondary Direct Deposit sections.



# If you have a voided check..

- Only fill out the top portion(highlighted below) of the direct deposit sheet ONLY!

## PRIMARY DIRECT DEPOSIT

Name (last, first, middle initial)	Check one <input type="checkbox"/> Add <input type="checkbox"/> Change	Agency name or level 2
Address (number and street, city, state, and ZIP code)		Social Security Number

**THIS SECTION IS TO BE FILLED IN BY THE FINANCIAL INSTITUTION IN WHICH THE EMPLOYEE'S ACCOUNT IS LOCATED.**

NOTE: The Financial Institution must be a member of the Automated Clearing House System and must be able to handle direct deposits by electronic transfer.

ABA transit-routing number (9 digits)	Employee's depository account number	Type of account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of financial institution	Address of financial institution (city, state, and ZIP code)	
Signature of officer	Title of officer	Date signed (month, day, year)

**THIS SECTION TO BE READ AND SIGNED BY THE EMPLOYEE**

I hereby authorize the Auditor of State to deduct from my pay each payday an amount equal to my net pay to be electronically transferred to my account described above. I have read the conditions printed on both sides of this form and agree to them.

Signature of employee	Date signed (month, day, year)
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# If you **NOT** have a voided check..

- Please have your **bank** fill out the highlighted section below.
- Remember fill in your personal information and to sign and date it when its completed

## PRIMARY DIRECT DEPOSIT

Name (last, first, middle initial)	Check one <input type="checkbox"/> Add <input type="checkbox"/> Change	Agency name or level 2
Address (number and street, city, state, and ZIP code)		Social Security Number

### THIS SECTION IS TO BE FILLED IN BY THE FINANCIAL INSTITUTION IN WHICH THE EMPLOYEE'S ACCOUNT IS LOCATED.

NOTE: The Financial Institution must be a member of the Automated Clearing House System and must be able to handle direct deposits by electronic transfer.

ABA transit-routing number (9 digits)	Employee's depository account number	Type of account (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Name of financial institution	Address of financial institution (city, state, and ZIP code)	
Signature of officer	Title of officer	Date signed (month, day, year)

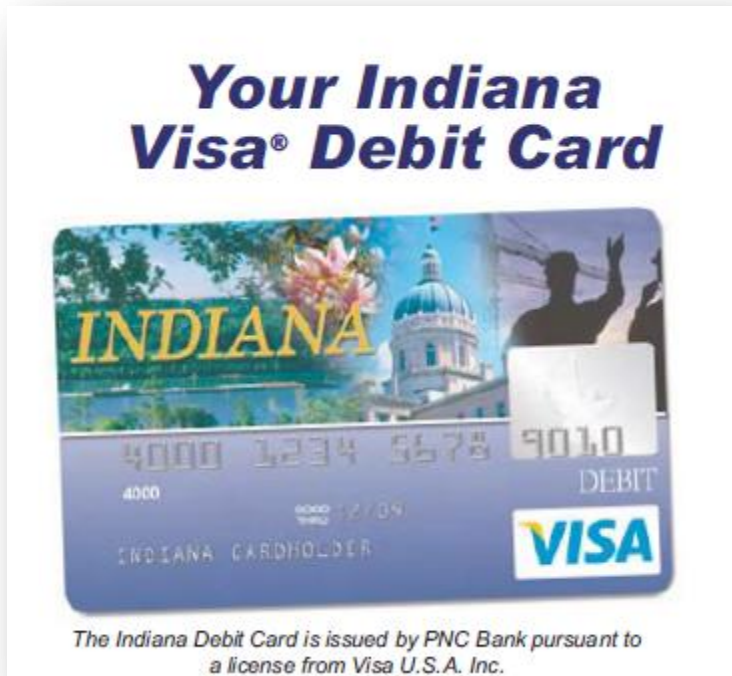
### THIS SECTION TO BE READ AND SIGNED BY THE EMPLOYEE

I hereby authorize the Auditor of State to deduct from my pay each payday an amount equal to my net pay to be electronically transferred to my account described above. I have read the conditions printed on both sides of this form and agree to them.

Signature of employee	Date signed (month, day, year)
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# Other payroll option: Visa Bank Card



[www.EPPICard.com](http://www.EPPICard.com)

- If you do not fill out the payroll form, your 1<sup>st</sup> paycheck will be a paper check mailed to your home address.
- You will then be issued a Visa check card by mail for future payroll checks to be deposited onto.





# **Complete all these forms and bring them in on your first day:**

1. Form I-9 (along with your identification)
2. W-4
3. WH-4
4. Payroll direct deposit form

*If you do not have these ready on the first day, you are given a small window to get them submitted.*



# **Thank You**

Welcome to Indiana State  
Employment!

